
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

**MEETING SUMMARY
Thursday, June 3, 2004
1:15 PM - 4:50 PM
St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026**

MEMBERS PRESENT

Mario Perez	Vanessa Talamantes
Chi-Wau Au	Diane Brown
Cesar Cadabes	Edward Clarke
David Giugni	Veronica Morales
Ricki Rosales	Royce Sciortino
Rose Veniegas	Kathy Watt
Freddie Williams	Richard Zaldivar*

ABSENT

Sergio Avina
Jeff Bailey
Richard Browne
Gordon Bunch
Antonio Bustamante
Edric Medina
Vicky Ortega

*** Denotes present at one (1) of the roll calls**

STAFF PRESENT

Meghan Cameron	Juli-Ann Carlos	Arthur Durazo	Elizabeth Escobedo
Cherie Holloway	Mike Janson	John Mesta	Ijeoma Nwachuku
Pamela Ogata	Rene Seidel	Anna Soto	Gwendolyn Thompson
Cheryl Williams	Paulina Zamudio		

I. COLLOQUIA PRESENTATION

“Farming and Mining in HIV Prevention Investigations: Who Holds the Steering Wheel?”

The gap between research and practice has been recognized as an important limitation on the utility of the research findings. As the “mining” metaphor suggests, the research program might not yield much direct benefit to the community-based service agencies participating in the research studies. As a complement to this traditional research model, we have explored an alternative model that can be characterized as a farming operation, with a focus on producing local knowledge that can be harvested by participating agencies to help improve their own service directory. As the “farming” metaphor suggests, this model emphasizes capacity building (“cultivating the field”), to place the steering wheel in the hands of community-based service agencies to develop and implement their own research agenda, with researchers playing a supporting role. Three pilot projects that were developed under this model were presented. First, UCLA investigators and L.A. Gay and Lesbian Center have collaborated to develop an HIV testing outreach program. Second, UCLA investigators and one in Long Beach are collaborating to develop a needs assessment program for the social service system for vulnerable persons in Long Beach. Third, UCLA investigators have developed a series of tutorials, and worked with Bienestar to pilot test a training program using those tutorials, for using Microsoft Excel to conduct basic data management and analysis tasks, with the goal to empower community-based service agencies to take a proactive role in conducting investigations and evaluations.

Dr. Rose Veniegas, CHIPTS, introduced the panelists.

Research as a Mining Operation

- Researchers set the agenda and specify the design
- Community-Based agencies (CBOs) are invited to participate
- Aim to produce generalizable knowledge
 - One size fit all, might not fit anyone very well
 - Findings might have limited relevance to individual agency

- Benefit to participating CBOs might be limited

Investigation as a Farming Operation

- CHIPTS (Center for HIV Identification Prevention and Treatment Services) aims to be relevant
 - Collaboration with CBOs
 - Support capacity building
 - Farming metaphor emerges
- CBO sets agenda
- Researchers support and facilitate
- Aims to produce local knowledge relevant to specific CBO
- Generalizable knowledge might emerge as by-product

Farming Model for Investigations

- Cultivate the field
 - Capacity Building
 - Empower CBOs to take the challenges
 - Develop high quality data system
 - Investment in methods: tools for farming
 - Harvest the crop
 - Pay off might not be immediate
 - Feedback to improve
 - Sustainability

Three Pilot Projects

- **Sexual Health Program at L.A. Gay & Lesbian Center**, which consists of:
SPOT (Satellite Program for Outreach and Testing) in West Hollywood, which consists of:
 - Rapid HIV testing (results available in 30 minutes)
 - STD Screening for: gonorrhea, chlamydia, syphilis and hepatitis A, B, and C
 - Linkage to free STD treatment at primary site
 - Triage to HIV treatment at primary site within 72 hours of results disclosure
 - Youth sensitive bilingual HIV counselors in a non-clinical site
 - STD Screening and Treatment Clinic
 - HIV Counseling and Testing
 - HIV Counseling and Testing for Incarcerated
 - PZ (Pedro Zamora)-HIV Youth Counseling and Testing, was developed based on:
 - Brainstorming with PZ staff and volunteers
 - Asking clients for feedback
 - Conducting youth focus groups
 - Selecting effective outreach methods based on experience
 - Identifying gaps in services in Hollywood/West Hollywood area.
- **Needs Assessment for Greater Long Beach**
In the relationship between The Gay and Lesbian Community Center of Long Beach (GLCCGLB) and UCLA, research staff began to collaborate with GLCCGLB to launch joined research projects to maximize the direct benefits to the community.
 - HIV prevention depends on the successful integration of other services that are often used by people at risk for HIV (i.e. mental health, homelessness and substance abuse).
 - To date, no formal network exists to link client care across service areas.
 - The purpose of the research project was to:
 - Conduct a comprehensive needs assessment project in the Greater Long Beach area encompassing all types of social service providers, including public, private, for-profit, non-profit and faith-based providers and all types of social services, including services in HIV/AIDS, mental health, homelessness, substance abuse, domestic violence, food services, transportation, medical services, etc.
 - If the needs assessment program in Long Beach proves successful in integrating the system of care through cross-agency cooperation, then The Gay and Lesbian Community Center of Greater Long Beach and its UCLA/CHIPTS consultants strive to promote the replication of this program in other geographic areas in the county, state and across the nation.
- **Excel Tools Dissemination Project** (Bienestar Human Services)

Using Microsoft Excel for Program Evaluation

Motivation:

- CBOs have limited statistical resources for database construction, management and data analysis.
- These resources are essential to enable CBOs to evaluate their programs effectively.
- Excel is a powerful and affordable tool

Objective:

- To assist CBOs with the use of Excel in the construction, management, and analysis of data for program evaluation.

Method:

- Demonstrate data construction, management and analysis using a sample HIV/AIDS Data Collection Instrument/Codebook

Excel Training's with Bienestar produced the following:

OBJECTIVES: To provide training using tools utilized by CBOs (i.e. pre/post knowledge tests, behavior modification contracts) and to test the feasibility and relevance.

EXPERIENCE: Increase staff capacity, provide feasible tools to carry out program management and program evaluation responsibilities, exposing staff to concepts related to database construction, management and analysis, linking the information learned with everyday activities.

Conclusions and Discussions

- Potential for Win-Win collaboration:
 - Improvement in service delivery for CBOs
 - Publication opportunities for investigators
- Funding opportunities
 - Priorities for funding agencies

A copy of the presentation is on file.

No questions were posed to the presenters.

II. ROLL CALL

Roll call was taken. A quorum was present.

III. REVIEW/APPROVAL OF MEETING AGENDA

The DRAFT June 3, 2004 Meeting Agenda was approved by consensus with the revision to move item VII – PPC Structure after the break.

IV. REVIEW/APPROVAL OF MAY 6, 2004 MEETING SUMMARY

The DRAFT May 6, 2004 Meeting Summary was approved by consensus with the following modifications:

- Include the PPC Members comments regarding the Commercial Sex Venue Initiative (CSVI) discussion based on the updated provided by Chuck Henry.
- Item VI-Update on Focus Forums/Outreach Survey and Prevention Plan. John Mesta reported the expected date of the completion Plan was the end of June, 2004 not July, 2004 as reflected in the Meeting Summary.

V. PUBLIC COMMENT

- **Cindy Chambers**, Vergent Interactive, discussed the opportunity to incorporate E-Learning into HIV Prevention/Education Programs.
- **Pete Sykes**, Hollywood SPA, announced his support of "ON-SITE HIV TESTING" at Commercial Sex Venues.

VI. LOS ANGELES COUNTY – SHERIFF'S DEPARTMENT PRESENTATION

Tracy L Jordan, HIV Program Coordinator for the Los Angeles County Sheriff's Department presented a Power Point presentation titled "Jail HIV Services".

The presentation consisted of:

- **Introduction**

The Los Angeles County Sheriff's Department mission is to:

- Lead the fight to prevent crime & injustice
- Enforce the law fairly & defend the rights of all
- Partner with the people they serve to secure & promote safety in their communities

The Los Angeles County Jail inmates are primarily housed at one of the following facilities:

- Men's Central Jail
- Wayside
- Twin Towers Correctional Facility
- North County Correctional Facility
- Pitchess Detention Center East
- Pitchess Detention Center North

The Los Angeles County Jails most recent average inmate count is 18,000 (88% are males and 10% are females). The most recent average HIV Inmate information is less than 1% of population is known HIV+ (roughly 160 inmates) and more than 25% are co-infected with Hepatitis B.

- **Target Population**

The objective is to increase the availability and coordination of HIV/AIDS related services with the Los Angeles County Jails and to increase inmate and community awareness of HIV/AIDS related services within the Los Angeles County Jails. HIV Services for General Population includes:

- HIV Counseling & Testing
- Health Education/Risk reduction (HIV 101)
- Medical Services/Dental Services
- Mental Health Services
- Anger Management (K-11 population only)
- General Education & other educational classes
- Condom Distribution (k-11 population only-by CBO)

- **Program Overview**

A partnership with the Los Angeles County Department of Health Services for the following services:

- HIV Counseling & testing
- HIV Case Reporting
- Health Education Risk Reduction information

A partnerships with community-based organizations (CBO) for the following services:

- HIV/AIDS Counseling & Testing
- Health Education Risk Reduction information
- Treatment Education and Adherence Support
- Transitional Case Management
- Anger Management
- Limited Condom Distribution (K-11 population only)

A central location for HIV related service provider to submit identified HIV inmate issues.

Monthly HIV Services Team Meetings with HIV service providers, conduct public presentations on Jail HIV/AIDS services, distribute brochures on Jail HIV/AIDS services

All HIV related service provider staff must complete the following:

- An Entry Application for Custody Facility (must be approved for facility access)
- A four (4) hour Facility Orientation
- A four (4) hour Respect-based Leadership Training

Each partner (agency partnered with Sheriff's Department) must have at least one staff member in attendance at Monthly HIV Services Team Meetings.

Each partner must provide a brief monthly report on services provided.

- **Lessons Learned**
 - The importance of ensuring that inmates and the community are aware of Jail HIV services.
 - It is critical to involve the Department of Health Services in an effort to accurately account for HIV+ inmates related to HIV case reporting (California State Regulations).
 - The importance of streamlining HIV+ Inmate issues to one central location for researching and resolution determination.
 - The significance of Jail HIV service providers meeting monthly.
 - **HIV Jail Services Can**
 - Increase the number of inmates seeking & obtaining HIV Counseling & Testing prior to release – **the number of HIV test conducted more than doubled since 2003**
 - Increase the number of inmates aware of risky behavior prior to release – number of inmates attending HIV 101 classes more than doubled since mid-2003.
 - Increase the number of inmates able to receive Treatment Education & Adherence Support prior to release
 - Increase the number of inmates able to receive Transitional Case Management prior to and after release
- **Recommendations**
 - Forming partnerships with other government entities and community-based organizations along with an HIV Coordinator/HIV Services Unit can significantly increase inmates demand for and use of HIV related services including but not limited to:
 - HIV Counseling & Testing
 - Health Education Risk Reduction
 - HIV/AIDS Treatment Education & Adherence Support
 - HIV/AIDS Transitional Case Management
 - Conducting Monthly HIV Services Team Meetings (increases the coordination of services and enhances service availability).
 - Streamlining HIV/AIDS related issues enhance the ability to address and resolve issues appropriately.

A copy of the presentation is on file.

QUESTION: For organizations that might consider hosting a program in collaboration with Sheriff's Department, how long does it take to turn around a memorandum of understanding with you and another organization?

ANSWER: Based on the nature of the service and the particular population (BRG, K-11, etc.), I can not give a standard one week, a few weeks standard answer.

QUESTION: In terms of designing a program with the Sheriff's Department, what is the average turn around time it would take for the organization to be able to actually access the facility?

ANSWER:

QUESTION: You indicated the most recent numbers reflect less than 1% of the population are known HIV+ and condoms are distributed in the K-11 population; if an inmate in the general population is HIV+ and has access to medication (care and treatment), does that inmate also have access to condoms? If not, why not?

ANSWER: Condom distributed occurs in the K-11 population only because condom distribution is conducted by one of the CBOs that is partnered with the Sheriff's Department. At this particular time, the CBO has an agreement with the Sheriff's Department to provide condom distribution in the K-11 population only. Inmates outside the K-11 population do not have access to condom distribution.

QUESTION: The number of HIV+ inmates who received Treatment Adherence Information went from 10% in November, 2003 to 50% in May, 2004; of the inmates who test positive for an STD, what efforts are being made to target those individuals to enroll in your Health Education Risk Reduction Courses?

ANSWER: The STD testing occurs through the Los Angeles County STD Program and the Los Angeles County Sheriff's Department Medical Service Bureau. Both of those entities have their own educational services.

QUESTION: Other than the Deputies distributing condoms to inmates, have there been any other options for the distribution of condoms to inmate?

ANSWER: At this particular point, there is nothing in place.

QUESTION: What is the rate of HIV in the transgender population in K-11?

ANSWER: Can not provide an exact figure in that area; however, we know in that area it is much higher than the less than 1% that we are looking at for the population as a whole.

QUESTION: Is there any information printed for distribution to the inmates that specifically targets HIV services?

ANSWER: No, not physically handed to the inmate while the inmate is in custody.

QUESTION: Since Treatment Adherence and Education are performed, when inmates are released from custody, are inmates released with a dose (one day or two days) of medication?

ANSWER: Generally speaking, can't answer that question. Each inmate is an individual situation.

QUESTION: What type of continuity and collaboration is taken place for incarcerated youth?

ANSWER: Incarcerated youth are out of the scope for this program. This program is designed with adults only incarcerated in the Los Angeles County Jail system.

QUESTION: Are you available to communicate and collaborate with incarcerated youth, the Probation Department and the Department of Health Services at that level to assist in the establishment of a similar program for youth?

ANSWER: I am open to working with them; however, my focus and concentration is working with adults.

QUESTION: How many inmates actually review their results, I am sure it is not 100%?

ANSWER: Definitely, not 100% based on other things (i.e. released prior to receiving their results).

QUESTION: Do you keep numbers for the inmates who declare their HIV+ status upon entry and the number of inmates who actually test HIV+?

ANSWER: I do not personally keep a number.

QUESTION: How can we provide a "continuity of flow" for the HIV+ inmates "out of custody into treatment"?

ANSWER: The Transitional Case Managers work very closely with the inmates.

VII. UPDATE ON HIV PREVENTION NEEDS ASSESSMENT PLAN

Dr. Ijeoma Nwachuku provided a brief update on the HIV Prevention Plan Needs Assessment. Dr. Nwachuku distributed the study design (copy is on file).

The Plan Objective is to capture information from high-risk individuals within the community regarding services they are and are not receiving and barriers to those services. A series of focus forums will be conducted (i.e. venues include: bars, cruising locations, bath houses and the Internet will be included in this process).

The times information will be collected will vary through focus forums and participants will be given the opportunity to participate with a one-page short survey. If individuals feel that do not have the time to participate in a 1½-hour focus forum, the individual can participate by completing a one-page survey.

HIV EPI is in the process of assisting in the identification of additional venue locations. If PPC members or members of the community are aware of venue locations that will assist in the capturing of more representative populations, please contact Dr. Ijeoma Nwachuku or Mike Janson. Mike Janson has Dr. Ijeoma Nwachuku's business cards and will provide contact information.

Assistance is being requested from the PPC members and community to assist in the development of the Focus Forums questions and strategy. If you would like to participate, please contact Dr. Nwachuku or Mike Janson by next Friday.

VIII. BREAK

IX. PPC STRUCTURE

Based on a discussion at the May 27, 2004 PPC Executive Sub Committee Meeting regarding the Sunset of the Commission on HIV Health Services effective June 30, 2004, a motion will be introduced to the PPC. Historically, the HIV Prevention Planning Committee has been a “select committee” of the Commission on HIV Health Services.

The motion was introduced by Richard Zaldivar and seconded by Kathy Watt.

MOTION: Create an ordinance to establish an HIV Prevention Planning Committee to complement existing treatment and care planning activities in order to meet federal guidelines. Additionally, the PPC Co-Chairs are to send/forward this formal request to Dr. Schunhoff, the Los Angeles County Department of Health Services, Los Angeles County Health Deputies, County Counsel and the Los Angeles County Board of Supervisors requesting such an ordinance.

Discussion surrounding the motion: There is a clear need to have joint meetings and joint efforts between the PPC and Commission. It was strongly recommended by the PPC Executive Sub Committee to have joint meetings with the Commission and for the PPC and Commission to meet jointly every quarter. The PPC is recommending to the Department of Health Services the exploration of the creation of a distinct planning body specifically designed to address HIV prevention planning issues in the County of Los Angeles consistent with Center for Disease Control and Prevention (CDC) guidelines.

QUESTION: Is there any potential harm that this proposed new ordinance might have for this body?

ANSWER: Do not have answers to this question.

The motion **PASSES** by consensus.

X. COMMUNITY CO-CHAIRS REPORT

No report

XI. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez reported:

- The Request for Proposal (RFP) for Prevention Services is available.
- Anna Soto is soliciting individuals with Prevention expertise who ARE NOT BIDDING on the Prevention Services RFP for Review Panelist. Ms. Soto distributed forms to interested individuals for the Peer Review process.
- In Los Angeles County, the HIV Counseling and Testing (HCT) return rates are improving steadily. The Fee-For-Service structure has had impact in several areas, including return rates. The return rates are hovering around 80%.
- The Centers for Disease Control and Prevention (CDC) has announced funding for directly funded programs across the country and there were five (5) programs funded in Los Angeles County, from an evidence based perspective, Los Angeles County has about 6% of the national HIV/AIDS burden.

XII. SUB-COMMITTEE REPORTS

- ♦ **Youth Leadership – Chi-Wai Au** reported the last Youth Leadership Sub Committee was held at Reach LA. The PPC Youth Leadership Sub Committee would like to form a formal collaboration with the Adolescent HIV Consortium and the Youth Leadership will attempt to schedule a joint meeting with the Adolescent HIV Consortium Co-Chairs. There was a lengthy discussion regarding incarcerated youth particularly youth that identify as MSM/W. The next Youth Leadership Sub Committee will be held June 16, 2004 from 4:00 PM to 6:00 PM at The Wall-Las Memorias.
- ♦ **CHHS Update – Kathy Watt** reported the meeting was about the Commission structure. The PPC has two (2) seats on the Commission (one voting seat and one non-voting seat). Ms. Watt encouraged as many PPC members as possible to attend Commission meetings because if they start to see PPC members and PPC members begin to get involved in committees, it will help to bridge the gaps.

- ♦ **Joint Public Policy – Richard Zaldivar** extended a Thank You to David Giugni and Sergio Avina for attending the last Joint Public Policy meeting. The Commission Leadership provided a lot of reports in regard to lobbying in Sacramento for a number of legislative and funding issues. The PPC Joint Public Policy representatives want to revert back to the three (3) PPC voting seats on the Commission. With three (3) voting seats on the Commission and allocate or identify at least one (1) seat as a PPC Co-Chair or his or her designee. The request was moved to the Diversity and Recruitment Sub Committee. The Joint Public Policy Committee is requesting a public meeting regarding the Commercial Sex Venue Initiative and would like to request the Department of Health Services to do a presentation for Commission. There was a discussion regarding the letter of reduced funding.

XIII. PPC MEMBERSHIP

No applications were received and reviewed at the last PPC Executive Sub Committee Meeting. PPC Membership will be moved to the Operations Sub Committee.

XIV. ANNOUNCEMENTS

- **Vanessa Talamantes** reminded the PPC members that all of the sub committees will be reconvening this month.
- **Chi-Wai Au** announced the Youth Leadership Sub Committee has changed their meeting time to 4:00 PM to 6:00 PM on the 3rd Wednesday of the month.
- **Rose Veniegas** announced the Standards & Best Practices Sub Committee meeting is looking to re-schedule the June 17th meeting date.
- **Diane Brown** announced the Operations Sub Committee meeting is scheduled for the 2nd Tuesday of each month EXCEPT for June, 2004; the Operations Sub Committee will meet on Wednesday, June 9th.
- **Vanessa Talamantes** and **Mario Perez** polled PPC members to determine who will not be available to attend the July 1st PPC Meeting. Most members will be available to attend the July 1st meeting.
- **Vanessa Talamantes** announced the October 7, 2004 PPC Meeting will be cancelled due to the PPC Annual Planning Meeting scheduled for October 4th and October 5th 2004.
- **John Mesta** announced there is a form in packets and back table requesting Event Information on HIV National Testing Day (June 27, 2004). This information is being requested from the Public Affairs Division of OAPP.
- **John Mesta** announced Elizabeth Escobedo return to OAPP and welcomed Ms. Escobedo back.
- **Richard Zaldivar** requested a moment of silence for Father John Santillan.

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT – Meeting adjourned at 4:50 P.M.

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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